

**U.S. Department of Education**  
**Office of Safe and Drug-Free Schools**  
Emergency Management for Schools Training  
2008 SCHOLARSHIP APPLICATION

The U.S. Department of Education is committed to helping school districts develop comprehensive emergency management plans and building their capacity to prevent, prepare for, respond to and recover from crises. As part of this commitment, the U.S. Department of Education's Office of Safe and Drug-Free Schools, in collaboration with the Department's Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center is pleased to offer a limited number of **scholarships** to personnel from individual schools and school districts to attend the *Emergency Management for Schools* trainings. The trainings are open to one individual per school district/LEA. The scholarships provide financial assistance to cover the travel (airfare or mileage up to \$500) costs for selected attendees from Local Educational Agencies (LEAs) or private schools.

**Who is eligible to apply for the scholarships?**

Eligible applicants must be:

- School district employees who are responsible for ensuring the safety and security of the students and staff in their school or district.
- Located more than 50 miles from the geographic site of the meetings.
- From LEAs that have never received ERCM/REMS funding

**What are the criteria for the scholarships?**

- ♦ The applicant must submit a **completed** Scholarship Application with **all** requested attachments:
  - Proposed travel budget, to include:
    - Projected mileage from a mapping Web site if mileage reimbursement is requested (noting travel from the organization's mailing zip code to the meeting hotel); or
    - A quote received from an airline carrier, train fare or travel Web site if airfare or train fare is requested.
  - Travel Scholarship Concurrence form signed by the applicant's supervisor or by the District's Superintendent.
- ♦ The applicant must describe how the training relates to their current work and how they plan to share the information with their colleagues after the training; this is to be explained through the completion of narrative responses to the questions posed in the Scholarship Application.
- ♦ The applicant must apply for scholarship support to attend the training that is closest to their geographic location.
- ♦ The applicant's organization must commit to covering all costs not covered by the scholarship such as per diem, lodging for two nights and any additional hotel nights that may be requested, and any travel costs exceeding \$500.

### What is covered for all meeting participants?

- ♦ Meeting materials will be provided for all participants.
- ♦ Lunch will be provided for the first day of the meeting.

### What does the scholarship cover?

- ♦ The scholarship will cover travel expenses up to \$500 per scholarship recipient.
- ♦ Scholarship awards are limited to one individual per LEA and may not exceed \$500.

### How and when will travel costs be reimbursed?

- ♦ Roundtrip airfare, train fare or bus fare will be reimbursed after the training provided that the scholarship recipient submits appropriate receipts, a completed W-9 Tax ID form and completed evaluation and feedback forms. Receipts and appropriate documentation should be mailed to:

REMS TA Center  
Attention: Alissa Nielson  
771 Oak Avenue Parkway, Suite 2  
Folsom, CA 95630

- ♦ Mileage will be reimbursed after the training as part of the travel scholarship for participants who will drive, not fly, to the training. Mileage will be reimbursed at a rate of \$0.485/mile.  
**Please NOTE: Rental cars cannot be covered.**
- ♦ Ground transportation charges for scholarship recipients will be **reimbursed after the training** provided that all receipts are provided and that the total reimbursement requested does not exceed \$500 per participant.

Scholarship recipients are strongly encouraged to take advantage of excursion or other special airfares (such as 14-day advance purchase) when booking air travel to help save costs.

### *Training Schedule*

Regional Training Sites and Dates	Deadline for Scholarship Applications	Scholarship Award Notification
W Hotel New Orleans, Louisiana April 10-11, 2008	March 19, 2008 5:00 p.m.	March 26, 2008
Marriott Hotel San Francisco, California June 4-5, 2008	April 25, 2008 5:00 p.m.	May 2, 2008

## How do I apply?

1. Visit the REMS TA Center's Web site at <http://rems.ed.gov> and click the *Emergency Management for Schools* training link in the "Highlights" Section of the Web site.
2. Complete the online training pre-registration form. Once complete, you will receive within 3 business days a follow-up email confirming your place at the training.
3. Next, complete and print the Scholarship Application form available online at <http://rems.ed.gov> at the same link where you pre-register for the training.
4. Attach the required documents to your printed application. These include:
  - Proposed travel budget:
    - Projected mileage from a mapping Web site or a similar site should be included if mileage reimbursement is requested (noting travel from the organization's mailing address to the meeting hotel)
    - A quote received from an airline carrier, train fare, or travel Web site must be included if airfare or train fare is requested.
  - Travel Scholarship Concurrence form signed-off on by the applicant's supervisor, or by the District's Superintendent
5. **Mail or fax completed applications and supporting documentation by the date specified in the Training Schedule** (see deadline for travel scholarship application, above) **to be eligible for consideration.** Faxed applications should be received by 5:00 p.m. ET; mailed applications should be postmarked with the deadline date. **Complete applications should be sent to:**

REMS TA Center  
Attention: Bronwyn Roberts  
771 Oak Avenue Parkway, Suite 2  
Folsom, CA 95630  
Fax: 916-983-6693

## How will scholarship recipients be selected?

Only one scholarship will be awarded per LEA or private school. Scholarship applicants will be selected based on several factors:

- ♦ Timely receipt of completed applications,
- ♦ Applicants' stated need for the training,
- ♦ Applicant's explanation of how the knowledge gained will be used to enhance emergency planning efforts within the districts/schools, and
- ♦ Geographic and school/school district diversity

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Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Please indicate whether you are a local educational agency, public school, or non-public school.*

- ☐ Local Educational Agency (LEA)
- ☐ Public School (List LEA: \_\_\_\_\_)
- ☐ Non-Public School

*Please indicate the training you would like to attend.*

- ☐ April 10 – 11, 2008 – New Orleans, Louisiana
- ☐ June 4 – 5, 2008 – San Francisco, California

**Please respond to the following questions (attach additional sheet if necessary).**

1. Provide a brief description of your local educational agency (LEA) or nonpublic school system.
  - Number of schools (public and private) that constitute the LEA: \_\_\_\_\_
  - Total number of students served: \_\_\_\_\_
  - Division/Department responsible for developing Emergency Planning: \_\_\_\_\_
2. Provide a brief description of your position in the LEA or school and your responsibility for, or interest in, supporting the emergency planning efforts in your organization.
  - Position: \_\_\_\_\_
  - Interest: \_\_\_\_\_

3. Please indicate areas where your district or school has **specific needs** that could be addressed by this type of emergency management training.

**Emergency Management Plan Review** (*Mark all that apply*)

*General*

- ☐ Need to develop a plan
- ☐ Need to update a plan
- ☐ Need to expand a plan

*Specific Issues*

Our emergency management plan...	Not At All	Some-what	Completely
Demonstrates meaningful collaboration with community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes vulnerability assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutes NIMS and assigns roles and responsibilities to specific individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides emergency communication procedures for all impacted individuals/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlines training requirements for staff/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes preparedness, response, and recovery efforts for the following hazards ( <i>check all that apply</i> )			
<input type="checkbox"/> Violence			
<input type="checkbox"/> Structural			
<input type="checkbox"/> Biological (anthrax)			
<input type="checkbox"/> Environmental (near highway, railroad, airport, chemical plant)			
<input type="checkbox"/> Natural disasters (earthquakes, hurricanes, tornados, etc.			
<input type="checkbox"/> Pandemic (infections, diseases)			
And, it:			
<input type="checkbox"/> Addresses individuals with special needs			
Outlines a process for activating ICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides criteria for closure and reopening of schools in the event of a long-term emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- [illegible]

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2008 SCHOLARSHIP APPLICATION CONCURRENCE FORM

I certify that: 1) all information in this application is accurate; 2) the applicant is an employee of our local education agency or nonpublic school; 3) the applicant will commit to attending the entire training and providing all requested feedback and evaluative suggestions; and, 4) my school district or school fully supports the scholarship request.

I certify that my district/school will cover any travel costs beyond the \$500 covered by the travel scholarship to ensure the applicant can attend the entire training event.

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Signature of Applicant

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Signature of Supervisor

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Date

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Date

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Name of School or LEA

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Printed Name of Supervisor

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Title

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Street Address

---

City

State

Zip

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Phone

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E-mail

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**Please complete the following travel cost estimate and attach a description of projected airfare /mileage** (e.g., use Mapquest.com or a similar Web site to show the mileage from your organization's mailing address to the hotel):

**Total amount requested (up to \$500):** \$ \_\_\_\_\_

*NOTE: Reimbursement for travel expenses will be mailed within 45 days of receipt of invoice and/or necessary receipts and documentation from your district or school.*

<b>Expenses (Completed by Applicant)</b>	<b>Rate/Day</b>	<b>Total</b>
Personal Car Mileage (@ \$0.485 per mile) From: _____ To: _____		
Travel (airfare/train/bus)		
Taxi (to and from the airport)		
Airport parking		
<b>Subtotal</b>		
<b>GRAND TOTAL</b>		